B.7 Self-Direction
(Approved by CMS August 2010)

Introduction

CMS defines a self-directed program as "a state Medicaid program that presents individuals with the option to control and direct Medicaid funds identified in an individual budget." Under the demonstration, existing self-direction opportunities will adhere to the specifications of the NF/AH waiver requirements. This waiver has existing quality assurance and risk management techniques, to assure the appropriateness of the plan and budget, based upon the participant's resources and capabilities.

Currently, there are several self-direction programs in the state of California: The NF/AH waiver, the Personal Care Services Program administered by the counties under IHSS, and the DDS waiver, listed below. All provide opportunities for participants to direct their own services while living in the community. As the demonstration progresses, the project director will contact the CMS project officer to request approval to make any changes to the protocol regarding self-direction.

Participant-Centered Service Plan — "Comprehensive Service Plan"

Responsibility for the development of the participant-centered comprehensive service plan for demonstration participants is the responsibility of transition coordinators, team members, and the participant. Demonstration participants play a major role in planning and defining their transition services which will be documented in their comprehensive service plan. The process begins with the participant and his or her circle of support, if there is one. Based on the participant's direction and his/her needs and requests, the transition coordinator will make contact with the various service agencies which provide the requested services. Representatives from these agencies build the framework for ongoing services, known as the comprehensive service plan, which will enable demonstration participants to return to community living.

As building of the participant's comprehensive service plan progresses, the transition coordinator, in conjunction with the project nurse, will determine the waiver options and state plan services for which the participant is eligible. The transition coordinator will work closely with the participant to choose his/her menu of services. Then application to the waiver will be made.

When the participant is accepted into the waiver, both the transition coordinator, project nurse and waiver case manager will finalize the comprehensive service plan based on physician discharge date and readiness of all planned services to be provided (see chart on page 128). If the participant chooses not to enroll in a waiver but chooses only state plan services, the transition coordinator will work directly with the physician and the CCT project nurse to finalize discharge details.

Initially, the transition coordinator is designated as having “lead responsibility” for oversight of the comprehensive service plan. The designation of “lead responsibilities” should not be misconstrued to undermine the participant’s rights, desires, and abilities to self-direct and coordinate his or her own services. Demonstration participants will remain an active part of the team, and will be kept informed of the contact information of the waiver case manager, service coordinator or person offering peer support during his or her entire period of participation in the demonstration.

Once the participant has been transitioned to the community, the appropriate case manager will assume responsibility for oversight of the plan along with the participant. The transition coordinator will "hand-off” lead responsibility for service coordination to the waiver case manager and/or state plan service program manager on day one (day of discharge) of an individual’s transition to the community. Both coordinators will work together during the first two months to assure needed services continue to be provided.

During the first two months after the date of transition, the waiver case manager and transition coordinator will evaluate the effectiveness of the existing comprehensive service plan. A transition team member will contact participants weekly during the first month to ensure they are receiving services as planned and address any issues that may arise. Then a transition team member will phone monthly to discuss ongoing services. They will speak with the participant, the caregiver(s), and support staff to determine if changes need to be made in the delivery of services. In addition, an assessment of participant’s health status will be obtained from the nursing and/or medical provider and a check of 24/7 Personal Emergency Response System use will be made. The transition coordinator and waiver case manager will consult regarding the findings, and together, may recommend changes to the comprehensive service plan. Together the participant, transition coordinator, and waiver/service case manager will modify the plan as needed. In addition, the project nurse will be a resource to both the transition coordinator and the waiver/service case manager throughout the 12 months of the demonstration.

Choices for Self-Direction under the demonstration include:

1. Personal Care Services (PCS) Program

   PCS is an optional Medi-Cal benefit and is administered individually by each county in the state. PCS is generally referred to as In-Home Supportive Services (IHSS). The IHSS program is the cornerstone of self-directed services in California. Self-direction is provided in accordance with the terms of the waiver/state plan service being utilized by the participant. For years, California’s IHSS program has played a significant role in helping people remain at home and avoid institutionalization, as well as in developing a model system of self-directed services. IHSS provides personal care and domestic services to more than 355,500 elders and people with disabilities to allow these individuals to live safely in their own homes rather than in inpatient facilities.

Self-Direction allows the participant or their designee (a parent or guardian in the case of a minor child, or another individual recognized by state law to act on behalf of an incapacitated adult), to exercise choice and control of the budget, planning, and purchase of self-directed personal assistance services, including the amount, duration, scope, provider, and location of service provision. In addition, the participant has the ability to hire, fire, supervise, and manage employees of their own choosing, including, at the state's option, legally liable relatives, and to direct a budget from which they purchase their PCS. Based on an assessment of the needs, strengths, and preferences of the participant, a plan of service is written for the needed services and their supports, and approved by the state, based on the assessment and plan, and on a methodology that uses valid, reliable cost data, is open to public inspection, and includes a calculation of expected cost of such services if those services were not self-directed.

IHSS is operated at the county level in accordance with the California Welfare and Institutions Code. The California Department of Social Services (CDSS) and the counties share administrative responsibilities for the IHSS program. CDSS performs the following functions: oversees the IHSS data and payroll system, known as the Case Management and Information and Payroll System (CMIPS), serves as the payroll agent for the IHSS providers, and writes the IHSS regulations. Currently, county staff members determine beneficiaries' program eligibility, the number of hours, and type of services approved to meet their needs. The maximum number of monthly PCS hours that can be authorized is 283 hours. While IHSS regulations determine the range of services, it is the consumer who drives the provision of services. The consumer decides how, when, and in what manner IHSS services will be provided.

CMS requires states to assure that necessary safeguards have been taken to protect the health and welfare of all Medi-Cal beneficiaries served under this state plan program and to assure the financial accountability for funds expended for self-directed services. Before participants are allow to self-manage their personal assistance services, the state will take necessary safeguards to protect their health and welfare and ensure financial accountability for funds expended. In addition, the state will provide for a support system that ensures participants in self-directed programs are appropriately assessed and counseled prior to enrollment and are able to manage their budgets.

2. Self-Directed Services (SDS) Waiver

DHCS submitted a proposal to CMS for a SDS program in California, contingent upon approval of the 1915(c) California SDS Waiver Version 3.4 — for Individuals with Developmental Disabilities. The state subsequently requested that CMS take the proposed waiver "off the clock " to allow for resolution of outstanding issues. Both DDS and DHCS acknowledge this is an important waiver since services would be offered statewide and would provide eligible participants the means to experience more control over their daily lives and determine how best to utilize available

resources. Once approved, the SDS Waiver would be administered by the Department of Developmental Services under an Interagency Agreement with DHCS.

3. IHSS Plus Waiver

The IHSS Plus waiver provides for the use of individual budgeting through control of an allocation of personal attendant hours specific to individual needs. Participants choosing these services are responsible for hiring, training, and supervising their providers. Payroll functions and ongoing oversight performed by the Case Management Information and Payrolling System ensure the participant's appropriate use of the allocated hours or cash payments.

The IHSS Plus waiver includes service options and service delivery methods consistent with the Independence Plus initiative and the CMS "Hallmark of Self-Direction." The state is considering offering the same services under a 1915(j) state plan option after expiration of the waiver. It is anticipated that approximately 20% of demonstration participants would take advantage of these self-directed opportunities during the demonstration.

Levels of Self-Direction

1. Self-directed services – An individual is allowed to manage their employees and budget. Control of the time sheet processing is maintained by the individual county and/or their designated public authority, and paychecks are issued by the state.

2. Minimal self-direction – An individual requests IHSS services and maintains control of who comes in to perform the services, but leaves all the other decisions and management to the county.

3. No self-direction – An individual requests that the county be responsible for all portions of IHSS care management and any other decisions needed.

Initiation of Self-Directed Services

Once a participant requests self-direction of personal care services, a training and evaluation period is needed prior to allowing the participant control of services. The participant must learn the required processes for managing providers. The state is required to provide a support system to individuals prior to enrollment, and as requested, throughout the period of an individual's enrollment, or when the state has determined that the individual is not effectively managing their services identified in their service plans or budgets. This ensures participants' health and safety, as well as sound fiscal responsibility.

Oversight of the self-directed state plan options falls under the state plan services requirements, the Social Security Act §1915 (j), and CMS. In accordance with statute, the state must submit an annual report to CMS stating the number of individuals served under the state plan and the total expenditures made on their behalf. In addition, every three years an evaluation of the overall impact of the self-directed state plan option must be completed on participants' health and welfare as compared to non-participants.

Fiscal Management of Self-Directed Services

Oversight of IHSS services is done on a county-by-county basis. Each county is responsible for its own IHSS workers, and as such, administration processes may differ some. Time sheets are issued from the county IHSS office (CDSS) to be completed by the provider and signed by the beneficiary (or designee). Once signed, the time sheet is returned to the county IHSS office, where the payment information is entered into the Case Management Information Payroll System (CMIPS). Electronic Data System (EDS) is the fiscal intermediary which contracts with CDSS to adjudicate IHSS payroll requests. Once the request is approved, EDS sends a request for payment to the California State Controller's Office (SCO). Then payroll checks are issued directly to the caregiver by the SCO. The timeframe for payment is approximately ten days from receipt of time sheet to issuance of pay check. In addition, a timecard for the next pay period is included with the check. EDS also has responsibility for ongoing oversight of IHSS services. Payment requests are run against allocated hours and services maintained in CMIPS, to ensure the individual's appropriate use of the allocated hours or cash payments.

Change in Service Provider

If a demonstration participant wishes to change service providers, the participant (or legal representative) is advised to call the participant's assigned case manager, who will notify the transition coordinator or CCT project nurse. They will discuss with the participant the decision to terminate self-direction of services, and provide a list of alternative waiver providers. Changing to an alternate waiver provider may affect the type and number of waiver services the participant can receive. The project nurse will work with the participant (or legal representative) to identify new services that will meet the participant's needs, and discuss the options for continuing services until a new provider is identified and able to start services.

Upon the participant's identification of an alternative provider, the waiver case manger, transition coordinator, or CCT project nurse will work with the existing provider and new provider in transitioning the authorization to ensure there is no break in services. The alternate provider must develop a service plan that describes all the needs of the demonstration participant, the providers of services and the frequency of the services. The plan must be reviewed and signed by the participant (or legal representative), the participant's primary care physician, and the providers of waiver services. If the participant (or legal representative) is unable to secure an alternative provider DHCS is authorized to offer to transition the participant to a licensed inpatient facility until a new provider can be secured.

Change in Self-Direction Choice

During the course of receiving personal care services, participants (or their designees) may decide to change their choice of self-direction service, or decide not to have personal care services. In addition, due to certain circumstances, an involuntary change of service may be made for the participant. Listed below are categories for why decisions to change self-directed services might be made and reasons why each type might occur.

1. Voluntary Termination of Self-Directed Services

   A demonstration participant may elect to terminate participant-directed services at any time. The termination of self-directed services may involve one of the following options: termination of participation in the demonstration, termination of waiver services, and/or termination of state plan services. In the case of terminating participation in the demonstration, participants will remain under the waiver service plan as long as they remain eligible for Medi-Cal and have care/service needs that meet the waiver eligibility. If the decision occurs while a participant is still in a facility, s/he is advised to notify the transition coordinator or the facility social worker or discharge planner, whoever is assigned to the discharge team. Once the participant has been discharged to the community, s/he or his/her legal representative is advised to call the participant's assigned case manager, who will notify the transition coordinator of the decision to terminate self-direction of services.

   As in the change of service provider section above, any request for a change in self-direction of services will result in a discussion with the participant regarding his/her decision to terminate the services, and a list of options will be provided for the participant's review. The project nurse or another DHCS nurse will work with the participant (or legal representative) to identify new services that will meet the participant's needs, and discuss the options for continuing services. An attempt to provide services during the transition period will be made, but if the participant (or legal representative) is unable to secure alternative services, a DHCS nurse is authorized to offer to transition the participant to a licensed inpatient facility until new services can be obtained.

2. Involuntary Termination of Self-Directed Services

   The state may elect to terminate authorization of participant-directed services. Some of the reasons for termination of services may be:

   - Lack of a current primary care physician-signed plan of treatment/service plan describing all of the participants' care services, provider of the services, and the frequency of the services.
   - Participant or legal representative requires the provider to supply services that are not included in the plan of treatment/service plan or are beyond the scope of practice of the licensed provider.

- Participant or legal representative is unable to keep providers, as demonstrated by frequent voluntary termination of the services or the participant's or legal representative's refusal to follow the provider enrollment process as described in the provider information packets.

Termination of authorization of services will occur after reasonable attempts to train and inform the demonstration participant or legal representative about the roles, responsibilities, and requirements of participant-directed services have been exhausted, or the participant or legal representative refuses to receive training on hiring and managing their providers.

DHCS will provide the participant or legal representative with a Notice of Action informing the participant of the state's decision to terminate authorization of participant-directed services and participant's state hearing rights. (See section B.6 for information on state hearing process.)

Appendix A

Required Appendix A is included in this protocol as Appendix VII.